PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents

| | | | or <u>Fax</u> | | | | |
|--|---|--|---|--|--|---|--|
| INSTRUCTION APPENDENT APPROPRIATE AND INSTRUCTION APPROPRIATE APPR | should be used for tran frespondence including the below or directed otherwise ns. | smitting the ISSU Patent, advance or in Block I, by (a | JE FEE and PUBL ders and notification) specifying a new | CATION FEE (if requestion of maintenance fees vectorrespondence address | ired). Blocks I through 5 s will be mailed to the current ; and/or (b) indicating a sepa | hould be completed wher correspondence address a arate "FEE ADDRESS" fo | |
| CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) | | | | Note: A certificate of mailing can only be used for domestic mailings of th Fee(s) Transmittal. This certificate cannot be used for any other accompanyin papers. Each additional paper, such as an assignment or formal drawing, mushave its own certificate of mailing or transmission. | | | |
| 51468 7. PITNEY HARDI | | | | Ce | rtificate of Mailing or Trans | smission | |
| ACCOUNT: ILLINOIS TOOL WORKS INC. 7 TIMES SQUARE NEW YORK, NY 10036-7311 04/2005 MAHMED2 00000037 10658305 | | | | I hereby certify that this Fee(s) Transmittal is being deposited with the Unite States Postal Service with sufficient postage for first class mail in an envelop addressed to the Mail Stop ISSUE FEE address above, or being facsimil transmitted to the USPTO (571) 273-2885, on the date indicated below. | | | |
| | | | | Veveine Na | tion | (Depositor's name | |
| FC:1501 FC:1504 | 1400.00 OP 300.00 OP | | | Nov. 1, 20 | re Ylation 05 | (Signature | |
| APPLICATION NO. | FILING DATE | | FIRST NAMED INVE | NTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. | |
| 10/658,305 | 10/658.305 09/09/2003 | | Michael McMahon | | 769-278DIV | 2155 | |
| APPLN. TYPE | SMALL ENTITY | ISSUE F | EE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE | |
| nonprovisional | nonprovisional NO | | 0 | \$300 | \$1700 | 11/30/2005 | |
| EXAMINER | | ART UNIT C | | CLASS-SUBCLASS | 7 | | |
| TAWFIK, SAMEH | | 3721 | | 493-213000 | . | | |
| Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. | | | 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. | | | | |
| | RESIDENCE DATA TO E | | ** | • • • | ···· | | |
| PLEASE NOTE: Unless recordation as set forth in | s an assignee is identified b n 37 CFR 3.11. Completion | | | • | nee is identified below, the o | document has been filed f | |
| (A) NAME OF ASSIGN | EE | (E | B) RESIDENCE: (C | TY and STATE OR CO | UNTRY) | | |
| ILLINOIS TO | OL WORKS INC. | | Glenview, | IL | • | | |
| Please check the appropriate | e assignee category or catego | ories (will not be pr | rinted on the patent) | : 🗖 Individual 🗖 🤇 | Corporation or other private gr | roup entity Governmen | |
| | _ | | | tb. Payment of Fee(s): | | | |
| Issue Fee | | | | A check in the amount of the fee(s) is enclosed. Payment by credit card. Form PTO-2038 is attached. | | | |
| Advance Order - # o | | | | | charge the required fee(s), or (enclose an extra c | credit any overpayment, copy of this form). | |
| a. Applicant claims S | (from status indicated above MALL ENTITY status. See | 37 CFR 1.27. | | | LL ENTITY status. See 37 C | 147.1 | |
| The Director of the USPTO NOTE: The Issue Fee and F interest as shown by the rec | is requested to apply the Iss Publication Fee (if required) ords of the United States Pat | ue Fee and Publica will not be accepte ent and Trademark | tion Fee (if any) or d from anyone other c Office. | to re-apply any previous than the applicant; a reg | ly paid issue fee to the applic gistered attorney or agent; or t | ation identified above. the assignee or other party | |
| Authorized Signature | Sulle | | > | | Nov. 1, 2005 | *** | |
| Typed or printed name _ | Gerald Levy | | | | n No. 24,419 | A hard a HORTO as a | |
| i his collection of informati | on is required by 3/ CFR 1.3 | o i i . i ne informatio | on is required to obt | ani or retain a benefit by | the public which is to file (an | in ny the OSKIO to proces | |

an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.